# Medicaid Transportation Services

**Reimbursement Form**

**Phone:** (360) 738-4554 or 1-800-860-6812  
**Fax:** (360)-734-5446 or (360)-734-5476  
**E-Mail:** NWRCRides@DSHS.WA.GOV

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**IN ORDER TO RECEIVE REIMBURSEMENT FOR MILEAGE AND OTHER CHARGES, ALL TRIPS MUST BE REQUESTED IN ADVANCE. A COPY OF VALID DRIVER’S LICENSE, PROOF OF INSURANCE, AND VEHICLE REGISTRATION MUST BE ATTACHED OR ON FILE WITH NWRC.**

**PLEASE USE A SEPARATE SHEET FOR EACH MONTH**

<table>
<thead>
<tr>
<th>Client Name:</th>
<th>Driver/Payee:</th>
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<tbody>
<tr>
<td>Address:</td>
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<th>Medical Provider Must Initial</th>
<th>Date/Time Of Appt.</th>
<th>Starting at H=home</th>
<th>Destination</th>
<th>Purpose of Travel</th>
<th>Miles Traveled</th>
<th>REIMBURSEMENT AMOUNT</th>
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**OTHER CHARGES: FERRY OR PARKING (MUST ATTACH RECEIPTS)**

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<th>Medical Provider Must Initial</th>
<th>Date/Time Of Appt.</th>
<th>Starting at H=home</th>
<th>Destination</th>
<th>Type of Charge</th>
<th>Amount</th>
<th>TOTAL MILEAGE REIMBURSEMENT</th>
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I hereby certify, under penalty of perjury, that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received on account thereof. I also certify that the driver has a valid driver’s license and is able to legally and safely drive in the State of Washington and that the vehicle used is legally licensed and insured.

**I hereby certify**:  

**Signature of Client or Designee**  

**Signature of NWRC staff auditing and approving reimbursement**

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**PLEASE NOTE: COMPLETED FORMS NOT RECEIVED BY NWRC WITHIN 30 DAYS OF THE TRIP DATE CANNOT BE PAID**

Q:\MAA\Forms\CURRENT FORMS\Reimbursement\Reimbursement Form.docx  
Updated 10/04/17

Northwest Regional Council – An Association of County Governments  
HCA/NEMT  
600 Lakeway Drive, Suite 100, Bellingham, WA 98225
INSTRUCTIONS FOR REIMBURSEMENT FORM

Reimbursement forms will be mailed to you. You may make copies for future use.

➢ Please use ink (not pencil) and do not write in shaded areas.

1. Write in the client's name, address, and phone number.
2. If person to be reimbursed is different from client, write in the driver/payee's name, address and phone number.
3. Write in each round trip separately.
4. Have the medical provider initial in the left-hand column to validate the trip.
5. If you are requesting ferry or parking reimbursement, fill in that section and have the medical provider initial.
6. Attach any receipts for ferry or parking.
7. Client (or designee) must sign form on the lower left-hand side.

Within 30 days of your medical trip, return the completed form either:

• by mail to:
  Northwest Regional Council
  600 Lakeway Drive, Suite 100,
  Bellingham, WA 98225

OR

• by fax to:
  (360)-734-5446 OR (360)-734-5476

Please include the following information if it is not already on file with NWRC:

• Copy of current Washington State Driver license
• Copy of proof of vehicle insurance, showing expiration date
• Copy of motor vehicle registration

Reimbursement checks will be mailed approximately 3 weeks after processing. If the information you turn in is not complete, payment may be delayed or denied.

For questions about filling in forms or scheduling trips, call our Customer Service Representatives at 738-4554 in Whatcom County, or 1-800-860-6812 for those outside the county.